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Abstract 7: Table

Introduction	Female Speaker (n=419)	Male Speaker (n=807)
Formal (Dr/Prof)	306 (73.0%)	568 (70.4%)
Informal	113 (27.0%)	239 (29.6%)
First and Last Name	106 (25.3%)	222 (27.5%)
First Name only	7 (1.7%)	17 (2.1%)

regardless of speaker gender (64.0% male introducers vs 81.2% female introducers, $p < 0.0001$). Male introducers used formal titles equally for female vs male speakers (67.1% vs 79.2%, $p = 0.245$) and female introducers used formal titles equally for female vs male speakers (82.4% vs 81.7%, $p = 0.698$). In the entire cohort, female speakers were equally as likely to be introduced with a formal title compared to male speakers (73.0% vs 70.4%, $p = 0.361$). On MVA, male introducer was associated with decreased use of formal title (OR 0.39, 95% CI 0.29-0.52, $p < 0.001$), however speaker gender, year, type of talk, academic rank, degree, degree year, and geographic location of speaker institution were not associated.

Conclusion: Recent ASTRO annual meetings did not appear to show a gender bias in the use of formal titles in speaker introductions. However, male introducers were significantly less likely to introduce any speaker, regardless of gender, by their professional title; there was also a slight decrease in the use of formal introductions from 2017 to 2019. Providing formal ASTRO introducer guidelines for future meetings (similar to the "Language of Respect" issued for the ASCO 2020 Annual Meeting) may help increase the use of professional titles at future ASTRO meetings.

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LBA 8**Immunomodulatory Low-Dose Whole-Lung Radiation for Patients with COVID-19-Related Pneumonia**

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Purpose/Objective(s): Phase I clinical trials have established that low-dose, whole-lung radiotherapy (LD-RT) is safe for patients with COVID-19-related pneumonia. By focally dampening cytokine hyperactivation, LD-RT may improve COVID-19 outcomes through immunomodulation.

Materials/Methods: Patients with COVID-19-related pneumonia were treated with 1.5 Gy whole-lung LD-RT, followed for 28 days, and compared to age- and comorbidity-matched controls. Eligible patients were hospitalized, SARS-CoV-2 positive, had radiographic consolidations, and required supplemental oxygen. Efficacy endpoints were time to clinical recovery (TTCR), radiographic improvement, and biomarker response. Two-sample t-tests, chi-square tests, univariate Cox proportional hazard models, cumulative incidences, and hazard ratios were reported.

Results: Ten patients received whole-lung LD-RT between April 24 and May 24, 2020 and were blindly compared to ten controls treated with best supportive care and COVID-directed therapies. Median TTCR was 12 days in controls compared to 3 days in the LD-RT cohort (HR 2.9, $p = 0.05$). Median time to hospital discharge was 20 versus 12 days ($p = 0.19$) and intubation rates were 40% versus 10% ($p = 0.12$), respectively. 28-day overall survival was 90% for both cohorts. Age ≥ 65 was associated with lower oxygen requirement and shorter TTCR in the LD-RT cohort ($p = 0.01$) but not controls ($p = 0.40$). The LD-RT cohort had superior improvement in radiographs ($p = 0.03$) and delirium ($p < 0.01$). Change in

inflammatory biomarkers was detected for both C-reactive protein (CRP, $p < 0.01$) and lactate dehydrogenase ($p = 0.03$), with improvements compared to pre-LD-RT levels ($p = 0.01$ and $p = 0.07$, respectively). CRP rose at a median rate of 22% per day before LD-RT, but thereafter fell more rapidly than in controls ($p = 0.01$), at a median rate of 11% per day. Creatine kinase also changed after LD-RT ($p < 0.01$), with improvement over controls approaching significance ($p = 0.08$). Troponin rose 5% per day in controls versus 1% per day after LD-RT, but this was not significant ($p = 0.32$). Liver function tests remained low following LD-RT but rose more commonly in controls (AST $p = 0.07$; ALT $p = 0.04$). Immunomodulatory LD-RT reduced white blood cell count ($p = 0.04$), monocytes ($p = 0.02$), and neutrophil-to-lymphocyte ratio ($p = 0.04$). Differences in renal function ($p = 0.46$) and clotting factors ($p = 0.49$) were not significant.

Conclusion: A cohort of predominantly elderly hospitalized patients with COVID-19-related pneumonia were recovered to room air quicker than age- and comorbidity-matched controls treated with best supportive care alone or with COVID drug therapies. LD-RT improved delirium, radiographs, and biomarkers, with no significant acute toxicity. LD-RT for patients with COVID-19 appears safe and may be an effective immunomodulatory treatment to speed recovery and prevent muscle, cardiac, and/or hepatic injury. Confirmatory clinical trials are needed. Clinical Trial Registration: NCT04366791.

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LBA 9**A Statewide Multi-institutional Study of Asymptomatic Pre-Treatment Testing of Radiation Therapy Patients for SARS-CoV-2 in a High-Incidence Region of the United States**

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Purpose/Objective(s): To establish the prevalence of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in asymptomatic patients scheduled to receive radiation therapy and its impact on management decisions.

Materials/Methods: Between April 2020 and July 2020, patients without influenza-like-illness (ILI) symptoms at four radiation oncology departments (2 academic university hospitals and 2 community hospitals) underwent polymerase chain reaction (PCR) testing for SARS-CoV-2 prior to the initiation of treatment. Three centers were located in New Jersey and one in Southeast Pennsylvania. According to the centers of disease control (CDC), during this period of time, the 7-day average of daily confirmed cases in this region ranged from 3,197 (April 27, 2020) to 295 (July 24, 2020). Testing strategy was determined by each individual institution (all patients vs. chemo-radiotherapy patients only, etc.). Patients were tested either prior to radiotherapy simulation or after simulation but prior to treatment initiation. Patients tested for indications of ILI symptoms were excluded from this analysis. Management of SARS-CoV-2-positive patients was individualized based on disease site and acuity.

Results: Over a three-month period, a total of 385 asymptomatic patients were tested either prior to simulation ($n = 154$) or post-simulation, prior to treatment ($n = 230$). A total of 5 patients tested positive for SARS-CoV-2, for a pre-treatment prevalence of 1.3% (2.6% in North/Central NJ and 0.4% in Southern NJ/Southeast PA). The median age of positive patients was 58 years (range: 38-78 years). All positive patients were white and were relatively equally distributed with regard to gender (2 male, 3 female)